

# EXHIBIT 50

REINSURANCE  
NOTICE OF LOSS

ADVICE

04/16/08

TO:  
CLEARWATER INSURANCE COMPANY  
100 CALIFORNIA ST.FROM:  
INS CO OF THE STATE OF PA

SAN FRANCISCO, CA 94111

P.O. BOX 1024  
FACULTATIVE COLLECTIONS  
MANCHESTER NH 031051024  
(603) 645-7331 OR (603) 645-7335

RI. CO. NO.	TREATY NO.	INTER NO.	REINS. CERT NO.	CLAIM NO.	POLICY NO.
000382	-	- - -	C-27675	170	053345 CVST 066812370
POLICY PERIOD	DATE OF LOSS	CROSS REF. CLAIM NO.	DIV.	BRH.	PUC.
03/01/81 TO 03/01/82	03/01/81		043	06	03868

LOSS LOCATION:

INSUREDS NAME: MCGRAW EDISON  
ONE CONTINENTAL TOWERS  
ROLING MEADOWS, IL

LOSS DESCRIPTION: BI

FACULTATIVE  
REIN CO SHR 20.0000% OF \$3,759,398 IN EXCESS OF \$0 RETENTION  
CATASTROPHE NO.: LIMIT: SIR:

CLAIMANT NAME/INJURY/DAMAGE DESCRIPTION	CURRENT O/S	PAYMENT
1. AGG TOX ASBESTOS BI	1.00	0.00
SUB-TOTAL	1.00	0.00
EXPENSES INCURRED	0.00	0.00
CLAIM TOTALS	1.00	0.00

RICO SHARE:

INDEMNITY EXPENSE 0.20 TOTAL

TOTAL PAYMENTS	0.00	0.00	0.00
RICO TOTAL SHARE	0.00	0.00	0.00
PRIOR STATEMENT(S) TOT	0.00	0.00	0.00
THIS STATEMENT	0.00	0.00	0.00

PLEASE PAY INVOICE NO.

20080416-170-053345-0-000000-000382 AMOUNT DUE \$0.00  
 REMIT AMOUNT DUE TO: CV STARR  
 P.O. BOX 35010  
 NEWARK, NJ 07193-5010



CW 01821

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